


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90182 030 \*\*\*\*61.25

<b>DOCUMENT # N05000008782</b> 1. Entity Name <b>AMERICAN ACADEMY OF THE ANGELS OF THE ARTS AWARDS, INC.</b>					
Principal Place of Business <b>1801 5TH ST N APT 5 ST PETERSBURG, FL 33704</b>			Mailing Address <b>1801 5TH ST N APT 5 ST PETERSBURG, FL 33704</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 04172006 Chg-NP CR2E037 (11/05)				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>MONTGOMERY, MONTY 1801 5TH ST N APT 5 ST PETERSBURG, FL 33704</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE <b>D- PRESIDENT &amp; TREASURER</b> NAME <b>MONTY MONTGOMERY</b> STREET ADDRESS <b>1801 5TH ST. N. - #5</b> CITY - ST - ZIP <b>ST. PETERSBURG, FL 33704</b>	<input type="checkbox"/> Delete				
TITLE <b>D- VICE PRESIDENT</b> NAME <b>HAROLD HARKINS</b> STREET ADDRESS <b>2803 BUSCH BLVD.</b> CITY - ST - ZIP <b>TAMPA, FL 33618</b>	<input type="checkbox"/> Delete				
TITLE <b>D- SECRETARY</b> NAME <b>LYNDA REDFIELD</b> STREET ADDRESS <b>757 BEACH RD. - #312</b> CITY - ST - ZIP <b>SARASOTA, FL 34242</b>	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Monty Montgomery</u> MONTY MONTGOMERY 4/17/06 722-512-0557</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					